

15: U.S. Navy --26 [10]
116, 732, 743, 735, 177.73
636.73

(no date) 1944

Formosans
Japanese

"There is a Government hospital for the insane at Taihoku. The general impression is gained, however, that the mentally deficient and the hopelessly crippled are not usually placed in institutions but are simply cared for in a haphazard fashion by their families. Occasionally such persons are found living or begging along the roads leading to popular temples and shrines."

MEDICAL FACILITIES --
FORMOSA 1952*

1743	Health centers	22
	Health stations	343
	Provincial Hospitals	13
	Provincial Sanitoria	3
	<u>Hsien maternity and</u>	
	child health centers	1
	<u>Hsien and municipal</u>	
	hospitals	9
	<u>Hsien and municipal</u>	
	isolation hospitals	6
	Municipal sanitoria	3
	Private hospitals	121
	Private clinics	3,895
	Total	<u>4,416</u>

*/ China Handbook 1952-53, Taipei, 1952,
p. 114.

759 The number of licensed physicians alone in 1953 was sufficient to provide one doctor for about every 1900 people.²⁴ This compares with a ratio of one doctor to every 70,000 people in Indonesia, one to 13,300 in Burma, one to 4,000 in the Philippines, and one to 739 in the United States.²⁵ Many of the doctors in Formosa have

24. Based on latest population estimate of 10,400,000.

25. Economic Co-operation Administration, Far East Data Book, Nov. 1951, Washington, D.C. These are 1950 figures.

only to furnish their labor and then to give from their limited incomes to pay for the increasingly heavy fertilizer input that insured heavy yields three times a year from the same land. Taiwan was thus transformed into a garden island where only the most venturesome of weeds could grow. Increasing quantities of rice, sugar and tropical products were transported northward to meet the growing food deficits of Japan's increasing population. 177
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PUBLIC HEALTH AND MEDICAL CARE

The Sanitary Bureau of the Police Department was the authority in public health. Administration and enforcement were supported by police power. In the prewar years there were about 2,000 qualified doctors. Many others were trained in Taiwan and given local licenses. At the end of the war there were some 5,000 to 6,000 local doctors, or almost one per thousand population. Since public posts and private practice were limited, many of these doctors were unemployed. In 1948 about 3,600 physicians were registered as engaged in private practice or public service. There were about 600 nurses and numerous midwives. In both these groups the majority were substandard in grade. The number of hospital beds included approximately 1,000 in the capital and perhaps 6,000 on the Island, most of them in small units. In 1948 effective hospital capacity was less than half this prewar level. 744
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Under Japanese control plague was eliminated and cholera and smallpox became rare, although the last two recurred in 1946 to 1947. Tropical diseases are common, malaria in particular. The Japanese had a special malaria service, based on extensive blood examinations, which administered quinine to positive cases. By these means 30 to 40 per cent of the people were examined annually and malaria mortality was reduced by treatment. This suppression improved the health record temporarily, but it did not contribute to permanent amelioration. The program has since been largely discontinued. 177
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THE INCREASE OF THE POPULATION

Population increase paralleled economic expansion. In 1905 there were 3.0 million people on the Island; in 1940, there were 5.9 million. Population thus increased 93 per cent in this 35-year period and virtually all 161
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done in Japan was adopted in Taiwan with some slight time lapse. In 1916 a hygienic survey was made in Japan, and five years later, in 1921, the same project was adopted in Taiwan. Between 1922 and 1925, and also from 1926 to 1928, an extensive hygienic survey was carried out in various parts of the island. After the results were published the planning of sanitary works was mostly based on the data of the survey. 164 744

The prevention of trachoma was started around 1926, and was most active in the 1930's. The prevention of tuberculosis began from 1932. The Association for the Prevention of Tuberculosis was organized in 1934. Regulations for the Prevention of Tuberculosis were enacted in 1938. Tuberculosis Prevention Day was initiated in 1939, and a sanatorium was constructed in most prefectures, most of them being completed in 1942-43. These activities were quite effective, and the death rate from tuberculosis declined after 1938. (cf. Fig. 11, line D.) Activities of tuberculosis prevention were started in the U.S. in 1890, and as a result, deaths from tuberculosis declined sharply. It has been pointed out by a social scientist that, though the improvement in living conditions will lower the death rate from tuberculosis, community preventive activity is also very significant (20: p. 631). It is interesting to note that, this was true both in the U.S. and in Taiwan.

The preventive activities against venereal disease, mental disease, parasitic disease, and leprosy were also started by the 1930's. For the administration of these activities, a section of preventive hygiene was added to the Health Department of the government-general in 1935. This may be taken as a sign that more emphasis was put on preventive hygiene.

11. Sanitary Facilities and Medical Personnel

Various kinds of basic sanitary facilities such as drainage, water supply, disposal of garbage and night-soil, supervision of slaughter-houses and markets, inspection of food and businesses such as barber shops, restaurants, and hotels were started rather early. These were started in the cities, particularly in the wards of the city which were largely occupied by the Japanese, and gradually extended to wider areas. The establishment of public hospitals and public doctors was also early in time. Naturally, these were established first and foremost for the benefit of the Japanese in Taiwan. Japanese business men in Taiwan had enjoyed various kinds of privileges, Japanese officers received an allowance 60% greater than that of their brothers at home, and all of them could utilize these public facilities. This was the reason why their death rate was not only lower than the death rate of Japan proper, but even comparable to that of the most advanced countries in the world. 743

Before the Japanese occupation there were a few hospitals operated by Christian missions. Physicians in these hospitals were the only doctors of western medicine, and other physicians were doctors who practiced Chinese medicine. Some Japanese doctors of western medicine came to Taiwan after the occupation, but their number was very small. In response to the urgent need for medical personnel, training classes for doctors and nurses were set up in Taipei Hospital in 1897. The medical training class 759